



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

Minority Health and Health Disparities (MHHD)  
Director: Shalewa Noel-Thomas, PhD, MPH

Phone: 410-767-7117 – Fax: 410-333-7525  
[www.dhmh.maryland.gov/mhhd](http://www.dhmh.maryland.gov/mhhd) - Room 500

May 9, 2016

Re: FY 17 MOTA RFA

TO ALL INTERESTED APPLICANTS:

The Office of Minority Health and Health Disparities (MHHD) seeks interested organizations to apply for fiscal year 2017, Minority Outreach and Technical Assistance (MOTA) grant for the period July 1, 2016 through June 30, 2017. Based on performance, grantees will have the opportunity to apply for a renewal for fiscal year 2018. All non-profit organizations that serve racial/ethnic minorities who reside in Maryland are eligible to apply. This is a competitive grant opportunity.

The Request for Applications (RFA) announcement is attached. Please submit a typed, signed in blue-ink, unbound original application and **four copies** in accordance with the request for application instructions. **Applications must be physically in the MHHD office by Friday, June 10, 2016; no later than 3:30 PM.** Applications will only be accepted by way of U.S. Mail, courier express mail or hand delivery to the address provided in the RFA instructions. **In addition to the hard-copies of the application, we are requesting that an electronic copy of the entire application be sent to: [namisak.kramer1@maryland.gov](mailto:namisak.kramer1@maryland.gov).**

A pre-application training session will be held for interested applicants on **Friday, May 20, 2016 from 3:00 PM - 4:00 PM** by webinar / conference call. Access information can be found on the [MHHD Website](#) or page 3 of the RFA. It is highly recommended that interested applicants participate in this session.

Interested applicants should address questions or comments to Ms. Namisa Kramer by calling 410-767-8954 or by email at [namisak.kramer1@maryland.gov](mailto:namisak.kramer1@maryland.gov). Thank you for your interest.

Sincerely,

Shalewa Noel-Thomas, PhD, MPH  
Director  
Minority Health and Health Disparities

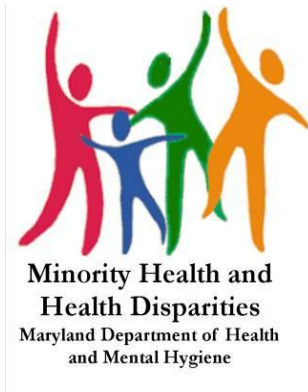
Enclosure

cc: Namisa Kramer, Health Disparities Initiatives Director

**Department of Health and Mental Hygiene**

**MINORITY OUTREACH AND TECHNICAL  
ASSISTANCE PROGRAM  
(MOTA)**

FY 2017



**Office of Minority Health & Health Disparities**

## **Pre-Application Training Session**

It is strongly recommended that applicants participate in the pre-application training session to review the application process and reporting requirements. Staff proposed to be assigned to the program should participate so that information is disseminated at all levels and each staff is aware of reporting requirements. This may include, but not limited to:

- Program Manager
- Fiscal Agent
- Outreach Worker
- Public Health Professionals
- Additional Support Staff

Questions regarding the funding announcement will be addressed during this session. The pre-application training session will be held:

**Date:** Friday, May 20, 2016

**Time:** 3:00 pm – 4:00 pm

**Webinar / Call-in:** [Click here to join the WebEx meeting](#)  
Meeting number: **647 793 805**

**To join by phone:** +1-415-655-0003 US TOLL  
Access code: **647 793 805**

REQUEST FOR APPLICATION (RFA)  
MINORITY OUTREACH & TECHNICAL ASSISTANCE (MOTA)  
Fiscal Year 2017

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**REQUEST FOR APPLICATIONS (RFA)**  
**MINORITY OUTREACH & TECHNICAL ASSISTANCE (MOTA)**  
**Office of Minority Health and Health Disparities (MHHD)**  
May 2016

**A. BACKGROUND:**

The Minority Outreach and Technical Assistance (MOTA) Program began in 2001 under the auspices of the Cigarette Restitution Fund Program (CRFP). CRFP was established by Maryland State Legislation and began operations on July 1, 2000 as a major initiative within the Maryland Department of Health and Mental Hygiene (DHMH). MOTA was established to implement the Cigarette Restitution Fund Act's provision requiring outreach and technical assistance to minority communities to ensure their participation in the tobacco and cancer community health coalitions. Minority communities include African Americans/Blacks, Asian and Pacific Islanders, Hispanics/Latinos, and American Indians.

In 2004, the Maryland General Assembly passed legislation establishing the Office of Minority Health and Health Disparities (MHHD) in DHMH's Office of the Secretary. The 2004 legislation required MHHD to provide outreach to racial and ethnic minority communities to ensure their maximum participation in publicly funded health programs designed to reduce or eliminate racial and ethnic health disparities.

In 2010, the Department of Health and Mental Hygiene announced the expansion of MOTA beyond Tobacco and Cancer to address other racial and ethnic health disparities throughout the State of Maryland. The expanded focus now includes major health disparities that affect racial and ethnic minority communities, such as cardiovascular disease, HIV/AIDS, diabetes, infant mortality, obesity, and asthma.

**1. Program Purpose and Structure**

*Rationale for focus on Tobacco, Birth Outcomes, HIV/AIDS, health insurance and healthcare access issues) and the Targeted Chronic Diseases (cardiovascular disease, cancer, diabetes, obesity, and asthma)*

The purpose of the MOTA program is to improve the health outcomes of racial and ethnic minority communities through community engagement, partnerships, outreach and technical assistance. The health conditions targeted by the MOTA program have the following significance for Maryland's minority population:

**Cardiovascular diseases:** Heart disease is the leading cause of death in Maryland and stroke is the third leading cause. Heart disease accounts for about one quarter of deaths in Maryland. Heart disease death rates have the largest minority disparity from the perspective of excess minority deaths per 100,000 people.

**Cancer:** Cancer is the second leading cause of death in Maryland, very close behind heart disease. Cancer accounts for just under one quarter of deaths in Maryland. Cancer death rates have a significant minority disparity in excess minority deaths per 100,000.

**Diabetes:** Diabetes is the sixth leading cause of death in Maryland. Black diabetes death rates are twice as high as White death rates. Rates of emergency room visits and hospital admissions for diabetes are about three times as high for Blacks as compared to Whites. Diabetes is also a risk factor for cardiovascular disease.

**Asthma:** Asthma is a significant cause of activity limitation for adults and especially for children, and is responsible for a large amount of emergency room use and hospital admissions that could be prevented. Emergency room visit rates for asthma are four times as high for Blacks as for Whites.

**Obesity:** Obesity rates are higher for minority persons than for Whites. Obesity is a cause of cardiovascular disease, some cancers, diabetes, high blood pressure, and some types of arthritis.

**Birth outcomes:** Poor birth outcomes such as infant mortality, low birth weight, need for neonatal intensive care, and subsequent lifelong health problems, are more common in Maryland's minority population. Black infant mortality is generally about 2.5 times as high as White infant mortality.

**Tobacco:** Smoking is a cause of heart disease, many cancers, chronic lung disease, and when a mother smokes, poor birth outcomes. Smoking in the home also contributes to childhood asthma. Reducing the rate of smoking among minority persons is key to reducing the burden of the MOTA targeted conditions.

**HIV/AIDS:** Minority populations accounted for 85% of new HIV cases in 2013. New case rates for HIV, compared to the rate in Non-Hispanic Whites, are about 9.5 times as high for Non-Hispanic Blacks and 2.5 times as high for Hispanics. The Black to White disparities in HIV new case rates and HIV death rates are some of the largest racial/ethnic disparities in Maryland.

## **2. MHHD Expectations**

MHHD expects that through the MOTA program, racial and ethnic minorities and underserved communities will have increased:

- Access to community-based health education
- Awareness about MOTA priority health topics
- Knowledge of the continuum of care for the health condition/s being addressed
- Knowledge of prevention, screening, primary care resources for the health condition/s selected
- Linkage to health insurance enrollment
- Linkage to primary and preventive care and social services
- Assistance with coordination and navigation of primary and preventive health care services
- Self-management support through home visiting programs using community health workers, visiting nurses, or other personnel

MHHD also expects that through the MOTA program, grantees will demonstrate increased:

- Partnership and collaboration with local health departments
- Partnership and collaboration with other MOTA grantees, Health Enterprise Zones and other CBOs
- Participation in technical assistance, capacity building and program sustainability activities (i.e., this could be workshops, trainings, and conferences, etc.)

For FY 2017, MOTA applicants are required to focus on one or more of the following key areas: Birth outcomes, cardiovascular disease, diabetes, obesity, cancer, tobacco use, asthma, HIV/AIDS, lack of health insurance, and lack of a medical home/ non-use of medical home.

## **B. ELIGIBILITY AND AWARD INFORMATION:**

### **1. Eligibility Information**

All non-profit organizations within Maryland jurisdictions are eligible to apply for a MOTA grant for the period of **July 1, 2016 to June 30, 2017**. Organizations that reside in **Jurisdictions with 20,000 minorities or less are eligible to apply for up to \$25,000** and organizations that reside in **Jurisdictions with 20,001 minorities or more are eligible to apply for up to \$50,000**. See [Attachment A](#). **Only one application may be submitted per organization.**

- Applicants must identify and maintain an operational office within the jurisdiction proposed. Home offices are not authorized or acceptable. All official records must be maintained at this location for site visits and audits.
- Letters of **COMMITMENT** must be obtained from partnering organizations in each jurisdiction where services are being proposed. Please see [Section D](#) for more information on letters of commitment.
- Applicants must provide a copy of (a) IRS nonprofit determination for your organization, (b) IRS form 990, (c) financial statement and (d) most recent audit report if your organization received public funds over \$100,000 annually in the last three years.

### **2. Award Information**

The Minority Outreach and Technical Assistance program (MOTA) will provide funding during the State's fiscal year FY 2017. Awards will be issued as Grant Agreements, a form of grant that allows for substantial state involvement, using a cooperative agreement model. **Awardees will be given the opportunity to apply for a grant renewal for FY 2018.**

This is a competitive funding announcement. Applications will be evaluated based on each applicant's ability to demonstrate their capacity and ability to meet the criteria and expectations outlined in the RFA.

**Substantial involvement by the state may include, but is not limited to, the following functions and activities:**

- a. Review and approval of work plans and budgets before work can begin on a project during the period covered by this assistance or when a change in scope of work is proposed.
- b. Any publications (pamphlets, posters, fliers, media messages, etc.) funded with MHHD/MOTA funds must be forwarded to MHHD for review and comment prior to publication, to ensure consistency with MHHD objectives.
- c. Review of proposed personnel, contracts, consultant agreements/sub-grantees.
- d. Involvement in the evaluation of the performance of key recipient personnel supported through this assistance.
- e. In accordance with applicable laws, regulations, and policies, the authority to take corrective action if detailed performance specifications (e.g. activities in this

funding guidance; approved work plan activities; budgets; performance measures and reports) are not met.

Funding within this fiscal year (FY 2017) is dependent on the availability of Maryland State Government appropriated funds, an acceptable grant application, and a decision that funding is in the best interest of the state.

## **C. APPLICATION INFORMATION**

### **1. The Format**

The MOTA application should be no more than 10 pages long (not including budget pages, appendices and written budget narrative justification). The application should be 12 pt font, Times New Roman, 1 inch margins, double-spaced, and each page numbered sequentially.

**Applications acceptable for review will contain the following information:**

### **2. Cover Letter**

See required letter sample, [Attachment B](#). Place on your organization's letterhead a detailed cover letter that states your intent to submit an application for funding consideration. The purpose of the cover letter is to introduce the organization and the application. The authorizing official should sign and provide the contact name, title, email and phone number for the MOTA Program Director. The federal tax identification number should also be provided.

### **3. Executive Summary**

This section should be succinct, self-explanatory and well organized so that reviewers can understand your organization and proposed program. The executive summary should succinctly state why the program is important, who will be served and how many, what will be done and how the success of the program will be determined. Please limit your executive summary to 2-3 pages.

## **Application Narrative**

The application narrative should follow the outline below:

- Jurisdiction in which services are being proposed
- Key focus areas proposed program will address
- Problem statement
- Organizational capacity
- Goals and objectives
- Program work plan
- Outcomes
- Target population
- Partnerships
- Project management
- Evaluation
- Dissemination
- Budget (Follow the outline below)



The application narrative should be written as if the reviewer knows nothing or very little about community-based public health programs targeting racial/ethnic minority groups.

#### 4. Problem Statement

This section should describe the nature and scope of the problem you are proposing to address. Specify how the project will affect the targeted population, program partners and other stakeholders. Provide specific data and statistics on the focal area/public health issue you are proposing to address.

Describe the need for a local MOTA Program in the Maryland jurisdiction for which you are applying. Include current data on key indicators such as incidence, prevalence, morbidity and mortality by ethnic and racial groups (as available) for the primary health disparity you are proposing to address, and identify regions of the jurisdiction where the need and/or disparity is the greatest. Provide a listing and a summary statement of current local efforts to address prevalent health disparities (ex. local coalitions, workgroups, programs, etc.). Describe the population(s) to be targeted. Please include references and bibliography as appropriate.

Health disparities data may be retrieved from the following resources:

- Your local Health Department,
- The Department of Health and Mental Hygiene website (<http://dhmh.maryland.gov/Pages/index.aspx>)
- The Maryland Health Disparities Chartbook 2012 (<http://dhmh.maryland.gov/mhhd/Pages/Health-Equity-Data.aspx>)
- The DHMH/MHHD Racial and Ethnic Health Data and Resources Reports (<http://dhmh.maryland.gov/mhhd/Pages/Health-Equity-Data.aspx>)
- The 2011 Maryland Comprehensive Cancer Control Plan (<http://phpa.dhmh.maryland.gov/cancer/cancerplan/pages/Home.aspx>), which includes a chapter on Maryland Tobacco Use Prevention/Cessation and Lung Cancer (<http://phpa.dhmh.maryland.gov/cancer/cancerplan/plan2011/Chapter5Tobacco.pdf>)
- Behavioral Risk Factor Surveillance System (BRFSS) (<http://MarylandBRFSS.org>)
- Youth Risk Behavioral Survey (YRBS) (<http://phpa.dhmh.maryland.gov/ccdpc/Reports/Pages/yrbs.aspx>)
- Monitoring Changing Tobacco Use Behaviors report (<http://phpa.dhmh.maryland.gov/ohpetup/Documents/HG%2013-1004%20-%20PHPA%20-%20Biennial%20Tobacco%20Study%20.pdf>)
- Maryland State Health Improvement Process website <http://dhmh.maryland.gov/ship/Pages/home.aspx>
- Infant mortality and general mortality data from Maryland Vital Statistics Administration <http://dhmh.maryland.gov/vsa/Pages/reports.aspx> (main report page)  
[http://dhmh.maryland.gov/vsa/Documents/14annual\\_revised.pdf](http://dhmh.maryland.gov/vsa/Documents/14annual_revised.pdf) (2014 annual report, infant mortality data starts on page 123)  
[http://dhmh.maryland.gov/vsa/Documents/imrrep14\\_draft%201.pdf](http://dhmh.maryland.gov/vsa/Documents/imrrep14_draft%201.pdf) (2014 infant mortality report)

*If you have questions about how to find Maryland Health Disparities Data, please send an email to [dhmh.healthdisparties@maryland.gov](mailto:dhmh.healthdisparties@maryland.gov)*

Ultimately, your problem statement should be able to be expressed as the baseline values of the SMART objectives that you are proposing to improve with the program.

## 5. Organizational Capability

Your application should include an organizational capability statement. The capability statement should include the applicant agency's current or previous relevant experience in working with the target population and addressing the topic being proposed. Include information regarding the organization's ability and experiences in promoting health education, the agency's background, structure, mission, and current and past performances with similar grants. *Provide the most recent audit report if your organization received public funds over \$100,000 annually in the last three years.*

## 6. Goals and Objectives

This section should consist of a description of the goal(s) and objectives of the proposed project. Objectives must follow the SMART approach. **SMART objectives are Specific, Measurable, Attainable/Achievable, Relevant, and Time bound.** Writing SMART objectives makes it easier to measure and demonstrate success. Baseline values of the SMART objectives define the problem to be addressed, and the follow-up values of the SMART objectives provide the data on which to perform evaluation and measure success.

## 7. Program Work Plan

This section should provide a clear and detailed description of the activities to be undertaken, how they address the identified health issue and how they will achieve the goals and objectives of the project. Discuss any barriers you anticipate encountering and approaches you will use to overcome these barriers. In addition to this work plan narrative, you are also required to complete the sample work plan template provided in [Attachment C](#). An editable Work Plan Template can be found on the [RFA Website](#).

This section should include a logic model that explains how the tasks proposed will contribute to making a positive impact on the metrics expressed in the SMART objective that define the problem and that will define success. (See [Attachment D](#) for logic model template) An editable Logic Model Template can be found on the [RFA Website](#).

For each SMART objective, this section should describe 1) the activities that will be performed, 2) rationale for activities selected (i.e. how activities will help achieve project goals), 3) the timetable for activity performance, 4) the number of persons reached, 5) the method of measuring the impact of the activities on the persons reached, and 6) the way that changes in the SMART objectives will be measured.

This section should include a Gantt chart of the timing and duration of the various project activities (See [Attachment E](#) for sample Gantt Chart).

**For the focal area/s selected** (birth outcomes, cardiovascular disease, diabetes, obesity, cancer, tobacco use, asthma, HIV/AIDS, lack of health insurance, and lack of a medical home/ non-use of medical home), **applications must propose projects that incorporate one or more of the following activities:**

- Health education and awareness on the continuum of care (prevention, screening, treatment and disease management, survivorship) for the focal area selected. Health education workshops and classes that directly engage participants in a group or individual setting are preferred for this application. Education must also include provision of updated health resource directories for the target population. Social media can be incorporated as an educational awareness tool for information reinforcement; however, it should not be used as a stand-alone intervention.
- Education on the benefits of health insurance enrollment and the importance of primary health care.

- Linkage to health insurance enrollment.
- Linkage to primary and preventive care, social services and behavioral health services.
- Assistance with coordination and navigation of primary and preventive health care services. (This includes referrals to smoking cessation classes, primary care physician, Local Health Department's health and wellness programs, Medicaid and Medicare services etc.).

**In addition to your individualized projects, all successful grantees will be required to undertake the following activities. Applications must clearly describe how you will engage in the activities below:**

- Actively participate in your Local Health Improvement Coalition.
- Participate in cancer and tobacco coalitions.
- Participate in quarterly MOTA grantee meetings that will be hosted by MHHD at DHMH (201 W. Preston Street, Baltimore, MD 21201) and other locations. **This will be a mandatory meeting for all MOTA grantees.** In addition to the quarterly meetings, all MOTA grantees will be required to participate in a mandatory bi-monthly conference call to address any program issues and share program successes and challenges.
- Participate in technical assistance programs and trainings offered by the Maryland Minority Health and Health Disparities (MHHD) office, the federal Office of Minority Health and other local, state, and federal programs.
- Seek other State, Federal and Private (e.g. foundations, philanthropic organizations) funding to ensure local sustainability. Grantees will be required to report on these sustainability efforts.
- Share information regarding MOTA health disparities program activities with local representatives and stakeholders.

## **8. Outcomes**

This section must clearly identify measurable outcomes that will result from your proposed project. A measurable outcome is an observable end-result that describes how your program will benefit program participants. **Projects that do not include measurable outcomes will not be funded.** The measurable health outcomes that will be achieved by your program should be your SMART objectives. Examples of such outcomes include:

- Rates of hospital admissions, ED visits, and readmissions among the persons you have reached with your intervention.
- Rates of health insurance enrollment, primary care visit use among the persons you have reached with your intervention.
- Health behaviors: non-smoking, physical activity, healthy eating, etc. among the persons you have reached with your intervention.

- Knowledge, attitudes and beliefs regarding health (awareness of health conditions, health behaviors, health disparities, insurance enrollment, insurance use, disease management) among the persons you have reached with your intervention.

## 9. Target Populations

This section should describe the minority and underserved populations, the languages spoken, if they are limited English proficient, and the geographic areas you intend to serve. This section should also describe the number of individuals the project will serve. Provide a demographic description of the target community which must include the ethnic and racial minority groups.

## 10. Partnerships

This section should describe the partnerships you will utilize to implement the project. You should include a list of partners and describe how you plan to involve each partner, especially local health departments, other MOTA grantees and other stakeholders in the planning and implementation of the proposed project. You will be required to submit letters of commitment from proposed partners (see [Section D](#)).

## 11. Project Management

This section should include a clear description of the roles and responsibilities of project staff and any subcontractors. Provide resumes or biographical sketches for key project personnel and subcontractors. NOTE: Grantees will be allowed to utilize no more than two subcontractors. You should describe how each individual or sub-recipient will contribute to achieving the project's objectives and outcomes. This section should specify key tasks such as: leadership of the project; monitoring the project's progress, preparation and submission of reports; communications with partners and stakeholders; and evaluation of the project.

Additionally, provide the names (if available), position titles, education, experience and resume of the proposed local MOTA Program Manager, outreach workers, consultants and all others who will be paid by MOTA Program funds. Describe the role and responsibilities of each person. Identify who will be responsible for financial management, submission of fiscal forms and interface with the MOTA Program Fiscal Officer and/or Program Manager.

## 12. Evaluation

This section should describe the methods you will use to evaluate whether or not your proposed project achieves the measurable outcomes. You are required to describe the quantitative and qualitative tools and techniques you will use to measure outcomes. In this section, you should describe the data you will gather and how you will gather the data.

Evaluation should describe the following domains:

- Outcome evaluation
- Productivity and effort evaluation
- Capacity development evaluation

**Outcome evaluation:** This is an evaluation of how well the program changed the health status, health behaviors, or health knowledge, attitudes and beliefs of either the entire community or the

intervened cohort (those touched by the intervention). Since these outcomes should be your SMART objectives, outcome evaluation is a comparison of the baseline (pre-intervention) values of the SMART objective metrics with the end of project (post-intervention) values of the SMART objective metrics. You must specify the metrics and specify how you will obtain the baseline (pre-intervention), the during-intervention, and the after-intervention values of the metrics for your SMART objectives. This may come from existing data systems, not part of your funded program, or may come from data collection undertaken as a funded part of your program.

**Productivity and effort evaluation:** This is sometimes referred to as process evaluation. This is an evaluation of how well your project implemented its work plan and delivered the proposed intervention. It measures the number of persons reached with the intervention, and the intensity of the intervention. It determines whether the program met pre-specified expected levels of reach and intensity promised in the application. This is evaluated at least quarterly if not monthly throughout the project, so that modifications can be made if expectations are not being met. All activities specified in the work plan should have performance targets and a way to measure the amount and intensity of that activity being delivered. This is usually done by data collection undertaken as a funded part of your program.

**Capacity development evaluation:** This is an evaluation of how well the program set up the capacity to operate as proposed in the application. This measures whether needed capacity was deployed, in terms of employees hired or assigned, materials or curriculum developed, etc.

### 13. Dissemination

This section will describe your plans for informing the public, policymakers and other key stakeholders of the process, progress and results of your project. This is also mandatory for all grantees.

### 14. Budget

Submit a one-year, 12 month line-item budget (see sample DHMH 432B [Attachment F](#)) and an accompanying budget narrative (see sample [Attachment H](#)) that explains in detail how each line item budget figures are estimated. In addition, include in the work plan (see sample [Attachment C](#)) an estimate of what portion of the budget is devoted to delivering particular activities and objectives listed in the work plan. All required original and editable budget document can be found on the [RFA Website](#).

## D. SUPPORTING DOCUMENTATION

- 1. Requested Budget (DHMH HSAM Forms):** Applicants must use the [DHMH fiscal forms 432 A through H, 433, and 434](#). All forms are to be completed according to DHMH policy and procedures and included in the application. Forms that do not meet the necessary requirements will be returned for revision. Applicants are advised to obtain accounting services to maintain its general ledger for all grant related expenses. Applicants are urged to call the MOTA Program Office to request technical assistance in order to minimize the need for corrections. A sample budget (DHMH 432B [Attachment F](#), DHMH 432C, [Attachment G](#)) is provided as guidance. Using this sample in its entirety will eliminate your application from the grant competition. All required original and editable DHMH HSAM Fiscal Forms can be found on the [RFA Website](#).
- 2. Budget Justification Narrative:** A budget narrative justifying each line item must be included. Budget justification must explain how the applicant intends to utilize the funding. A sample written budget narrative justification ([Attachment H](#)) is provided as guidance. Using this sample in its entirety will eliminate your application from the grant competition.

3. **Letters of Commitment:** Applying **letter of commitment from each partner or collaborator must be submitted.** Each letter must be printed on the respective organization's letterhead. Letters should indicate the specific contributions the partner or collaborator will provide to support the proposed project.
4. **Health Department Support Letter:** There *must be one (1) letter of support*, from the local health officer, or other representative from the local health department in the focal jurisdiction. The letter must be printed on the local health department's letterhead. Support letters should indicate the intent of the collaborative effort between the applicant and the health department.
5. **Additional Mandatory Forms** – The authorizing official of the agency must complete and sign [DHMH Form 433](#), Condition of Human Service Agreement Statement and DHMH [Form 434](#), Assurance of Compliance with the Department of Health and Human Services Regulation Under Title VI of the Civil Rights Act of 1964, and Section 503 and 504 of the Rehabilitation Act of 1973 as Amended. Applicants are urged to request technical assistance to minimize the need for corrections.

See [Attachment J](#) for **Grant Application Checklist** to assist in guiding your application. An editable version of the Checklist can be found on the [RFA Website](#). Please include a completed copy of the checklist with your application.

## **E. PROGRAM REPORTING REQUIREMENTS**

**Each FY 2017 MOTA grantee will be expected to comply with the following program reporting requirements regarding Performance Reports.** Performance reports are due on a quarterly basis. There are six sections in these reports.

**Section 1: MOTA Action Plan:** Grantees will be required to submit an updated action plan. These updated plans must reflect your progress toward accomplishing the goals and objectives proposed in your original application. The following sections must be updated and submitted with each report:

|                                     |   |
|-------------------------------------|---|
| <b>Objectives:</b>                  | The objective column should list objectives you propose to achieve  |
| <b>Activities:</b>                  | The activities column should list the activities you have completed to meet the objective                     |
| <b>Timeline</b>                     | The activities should have projected timelines  |
| <b>Completion Dates:</b>            | The dates the activity was completed.   |
| <b>Staff Person(s) Responsible:</b> | Document the staff person responsible for the completed activity.   |
| <b>Budget allocation:</b>           | An estimate of the dollar amount being spent to achieve each objective, activity, or task in the action plan. |

**Section 2: Performance Data Report:** Grantees will be required to submit a report describing the reach and intensity of the deliverable performance measure promised in the proposal. This will be done on a data reporting template that will be jointly designed by MHHD and the grantee after the



award. This data reporting will include a racial and ethnic breakdown of the persons served in specific categories of reporting, where appropriate.

**Section 3: Narrative Report:** The Narrative Report should describe proposed activities outlined in the action plan for the reporting period. It should provide a detailed explanation of the activities that were implemented and/or completed addressing successes and challenges encountered. The report should also include an evaluation section highlighting evaluation methods undertaken for implemented programs. (You can include pictures, logs, attendance sheets, evaluation forms, surveys, sign-in sheets etc.).

**Section 4: Site Visits:** One (1) site visit will be required. MOTA grantee program staff will be expected to be present on site to answer questions, demonstrate program workflow, and review procedures and program materials with the MHHD representatives.

**Section 5: Needs Assessment:** For quality improvement and evaluation purposes, a grantee and stakeholder needs assessment will be conducted by MHHD personnel. Participants are expected to actively participate in the data collection process. A needs assessment tool will be developed and utilized pending approval from DHMH Institutional Review Board.

**Section 6: Program Evaluation:** A process and outcome evaluation of the MOTA program will be conducted. MHHD will lead the data collection process. These may include surveys, focus groups, and key informant interviews. The collected data will be used for the purpose of program evaluation and process improvement.

## **F. FISCAL REPORTING REQUIREMENTS**

**Each FY 2017 MOTA grantee will be expected to comply with the following fiscal guidance for this grant:**

- 1. Fiscal Reports:** The applicant will follow guidance as provided in the [DHMH Human Services Agreement Manual \(HSAM\)](#). Program progress reports will be submitted on a quarterly basis using a format provided by DHMH and will be used to support fiscal reporting. Fiscal reports are due whenever payment is requested and should be completed by using DHMH Forms 437, 438 and the Attestation Form. A year-end fiscal report that reconciles actual expenditures and performance measures (DHMH FORMS 438) achieved using the MOTA grant format, along with DHMH Forms 440 and 440A, will be submitted.

The HSAM provides guidance for the financial management of grant programs. The applicant must complete and submit the applicable [DHMH 432A-H HSAM forms](#). A program grant award will only be issued by the funding administration after each fiscal form is complete, accurate, and acceptable.

**\*All fiscal documents will be provided to awardees in a separate packet.**

- 2. Available Funds:** Program funds are available on an annual basis depending upon the appropriations by the Maryland General Assembly through June 30, 2017. A renewal application must be submitted and approved each year.
- 3. Start-up Costs:** Successful applicants are eligible for an advance of 25% of the total grant award. To request start-up costs, grantees are required to submit the DHMH form 437, 438 and the attestation.

4. **Personnel:** Program funds used for personnel, contractors, consultants, sub-grantees, etc. should be reasonable based on the program design. Program funds should be directed towards maximizing programmatic services and materials versus salaries, clinical services, and promotional materials.
5. **Closeout Fiscal Report:** Successful applicant must submit DHMH 440 and 440A by August 31, 2017.
6. **Fiscal Forms:** Completion of DHMH Forms [432 A-H](#), [FORM 433](#) and [Form 434](#) in their entirety are required at the time of application submission. An omission of any of these forms will render an application incomplete and may not be reviewed at the discretion of the funding administration.
7. **Accounting System:** Applicant should have the appropriate accounting/file storage/grant management systems in place to receive and account for grant funds.
8. **Administrative Costs:** For fiscal year 2017, no more than 7% of the program budget should be used for administrative costs. This is to ensure that maximum funds are dedicated to direct program services.
9. **Letter of Good Standing:** Applicants **must** include a letter of good standing with Maryland State Government in the proposal. A letter of good standing can be obtained by submitting a written request to the Maryland Comptroller, General Accounting Division, Post Office Box 746, Annapolis, Maryland 21404. For guidance to receive your letter of good standing call 410-260-7434.

## **G. PAYMENT TERMS AND PROCESS**

To initiate the payment process, applicants will be required to request an advance payment. The request will be submitted after the grant agreements have been executed and approved.

## **H. APPLICATION SUBMISSION PROCESS AND DEADLINE**

Applications must physically and electronically be in the MOTA office by: **Friday, June 10, 2016; no later than 3:30 PM.**

**IMPORTANT:** Submit one original unbound copy, for each jurisdiction which you are applying, along with four (4) additional copies. In addition to the hard-copies of the application, an electronic copy of the entire application must be sent to: [namisak.kramer1@maryland.gov](mailto:namisak.kramer1@maryland.gov).

For additional information, please contact Ms. Namisa Kramer by email at [namisak.kramer1@maryland.gov](mailto:namisak.kramer1@maryland.gov) or phone (410-767-8954). You may visit <http://www.dhmfh.maryland.gov/mhhd> to find out more about MOTA.

Issued by: Department of Health and Mental Hygiene  
Office of Minority Health and Health Disparities  
Minority Outreach and Technical Assistance  
201 West Preston Street, Room 500  
Baltimore, Maryland 21201  
410-767-7117  
Shalewa Noel-Thomas, PhD, MPH  
Director



## **I. APPENDICES**

[Attachment A: Racial/Ethnic Minority Population Data for Maryland](#)

[Attachment B: Cover Letter Format](#)

[Attachment C: Sample Work Plan Template](#)

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[Attachment E: Sample Gantt Chart](#)

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[Attachment H: Sample Program Budget Narrative Justification](#)

[Attachment I: Definitions and Terms](#)

[Attachment J: MOTA Grant Application Checklist](#)

## Attachment A: Racial/Ethnic Minority Population Data for Maryland

| Region And Political Subdivision | Total            | Non Hispanic White | Minority Population | Percent Minority | Percent African American | Percent Asian/PI | Percent AI/AN | Percent Hispanic |
|----------------------------------|------------------|--------------------|---------------------|------------------|--------------------------|------------------|---------------|------------------|
| <b>Maryland</b>                  | <b>5,887,776</b> | <b>3,418,336</b>   | <b>2,469,440</b>    | <b>47.5 %</b>    | <b>29.9 %</b>            | <b>5.9 %</b>     | <b>0</b>      | <b>8.8 %</b>     |
| <b>Northwest Area</b>            | <b>492,087</b>   | <b>415,999</b>     | <b>76,088</b>       |                  |                          |                  |               |                  |
| <b>Garrett</b>                   | 29,945           | 29,174             | 771                 | 3.2 %            | 0.8 %                    | 0.4 %            | 0.1 %         | 0.9 %            |
| <b>Allegany</b>                  | 73,976           | 65,687             | 8,289               | 12.6 %           | 8.1 %                    | 0.9 %            | 0.1 %         | 1.6 %            |
| <b>Washington</b>                | 148,913          | 125,480            | 23,433              | 18.9 %           | 10.4 %                   | 1.6 %            | 0             | 3.9 %            |
| <b>Frederick</b>                 | 239,253          | 195,658            | 43,595              | 23.8 %           | 8.7 %                    | 4.2 %            | 0.1 %         | 7.9 %            |
| <b>Baltimore Metro Area</b>      | <b>2,704,957</b> | <b>1,658,901</b>   | <b>1,046,056</b>    |                  |                          |                  |               |                  |
| <b>Baltimore City</b>            | 622,271          | 188,380            | 433,891             | 72.3 %           | 63 %                     | 2.5 %            | 0             | 4.5 %            |
| <b>Baltimore County</b>          | 817,720          | 522,396            | 295,324             | 40.2 %           | 26.8 %                   | 5.4 %            | 0             | 4.6 %            |
| <b>Anne Arundel</b>              | 550,269          | 411,659            | 138,610             | 29.4 %           | 15.7 %                   | 3.5 %            | 0.1 %         | 6.7 %            |
| <b>Carroll</b>                   | 167,399          | 155,306            | 12,093              | 9.4 %            | 3.2 %                    | 1.6 %            | 0             | 2.8 %            |
| <b>Howard</b>                    | 299,269          | 181,806            | 117,463             | 43.3 %           | 18.1 %                   | 15.6 %           | 0             | 6.1 %            |
| <b>Harford</b>                   | 248,029          | 199,354            | 48,675              | 22.1 %           | 13.2 %                   | 2.6 %            | 0             | 3.9 %            |
| <b>National Capital Area</b>     | <b>1,889,851</b> | <b>754,312</b>     | <b>1,135,539</b>    |                  |                          |                  |               |                  |
| <b>Montgomery</b>                | 1,005,087        | 565,216            | 439,871             | 53.7 %           | 17.4 %                   | 14.3 %           | 0             | 17.9 %           |
| <b>Prince George's</b>           | 884,764          | 189,096            | 695,668             | 86.6 %           | 63.8 %                   | 4.3 %            | 0             | 15.9 %           |
| <b>Southern Area</b>             | <b>349,225</b>   | <b>233,487</b>     | <b>115,738</b>      |                  |                          |                  |               |                  |
| <b>Calvert</b>                   | 89,793           | 73,139             | 16,654              | 20.5 %           | 13.1 %                   | 1.3 %            | 0             | 3.1 %            |
| <b>Charles</b>                   | 150,960          | 74,611             | 76,349              | 53.6 %           | 41.6 %                   | 3.1 %            | 0.1 %         | 4.8 %            |
| <b>Saint Mary's</b>              | 108,472          | 85,737             | 2,735               | 24.4 %           | 14.3 %                   | 2.5 %            | 0             | 4.3 %            |
| <b>Eastern Shore Area</b>        | <b>451,656</b>   | <b>355,637</b>     | <b>96,019</b>       |                  |                          |                  |               |                  |
| <b>Cecil</b>                     | 101,803          | 90,952             | 10,851              | 13.6 %           | 6.9 %                    | 1.3 %            | 0             | 3.8 %            |
| <b>Kent</b>                      | 20,016           | 16,350             | 3,666               | 21.8 %           | 15.5 %                   | 0.9 %            | 0 %           | 4.4 %            |
| <b>Queen Anne's</b>              | 48,439           | 43,387             | 5,052               | 12.9 %           | 7.1 %                    | 0.8 %            | 0             | 3.3 %            |
| <b>Caroline</b>                  | 32,759           | 26,447             | 6,312               | 22.8 %           | 14.1 %                   | 0.5 %            | 0.1 %         | 5.9 %            |
| <b>Talbot</b>                    | 37,894           | 31,185             | 6,709               | 22.8 %           | 14.1 %                   | 0.5 %            | 0.1 %         | 5.9 %            |
| <b>Dorchester</b>                | 32,614           | 21,917             | 10,697              | 34.7 %           | 28 %                     | 1.2 %            | 0             | 4 %              |
| <b>Wicomico</b>                  | 100,376          | 68,961             | 31,415              | 34.8 %           | 24.3 %                   | 2.9 %            | 0             | 4.9 %            |
| <b>Somerset</b>                  | 26,197           | 13,855             | 12,342              | 49.7 %           | 41.6 %                   | 1.2 %            | 0             | 3.6 %            |
| <b>Worcester</b>                 | 51,558           | 42,583             | 8,975               | 20.3 %           | 14.3 %                   | 1.2 %            | 0.1 %         | 3.3 %            |
|                                  |                  |                    |                     |                  |                          |                  |               |                  |

Source: 2014 American Community Survey (ACS) Demographics and Housing Estimates  
[factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_14\\_5YR\\_DP05&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP05&prodType=table)

## Attachment B: Cover Letter Format

DATE, XXXX

Mr./Ms./Dr. FULL NAME  
TITLE  
NAME OF ORGANIZATION  
STREET ADDRESS  
City, State, Zip Code

Dear Mr./Ms./Dr. FULL NAME:

BODY OF LETTER

Sincerely,

NAME, TITLE  
AGENCY NAME

Enclosures (XX)

cc: OTHER PERSONS IN YOUR AGENCY  
OTHER PERSONS AT THE FUNDING AGENCY

Attachment C: Sample Work Plan Template

|    |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
|----|--|---|-----------------|---|----------------------|---|--|---|---|---|---|---|---|---|---|---|-----------|-------------------|-------------------|--------|
|    | A  | B | C               | D | E                    | F | G  | H | I | J | K | L | M | N | O | P | Q         | R                 | S                 | T      |
| 1  | Provide a detailed work plan that includes the goals, measurable objectives, intervention activities for each objectives, measured outcomes, the time frame for each activity, the team members responsible for carrying out the activities, and the estimated budget for each activity. |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 2  |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           | Projected         | Staff Responsible | Budget |
| 3  | Timeframe  |   | Est. Completion |   | Racial/ Ethnic Group |   | <input type="checkbox"/> African Americans/Blacks <input type="checkbox"/> Hispanic/Latinos <input type="checkbox"/> Asian/Pacific Islanders <input type="checkbox"/> American Indians |   |   |   |   |   |   |   |   |   | Timeline  | for Activity      | Allocation        |        |
| 4  | Type:  |   | Date:           |   | Target:              |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 5  | Goal 1:  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 6  |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 7  | Objective:   |   |                 |   |                      |   | Activities:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 8  |  |   |                 |   |                      |   | Outcomes:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 9  |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 10 | Objective:   |   |                 |   |                      |   | Activities:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 11 |  |   |                 |   |                      |   | Outcomes:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 12 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 13 | Objective:   |   |                 |   |                      |   | Activities:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 14 |  |   |                 |   |                      |   | Outcomes:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 15 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 16 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 17 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 18 | Objective:   |   |                 |   |                      |   | Activities:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 19 |  |   |                 |   |                      |   | Outcomes:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 20 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 21 | Objective:   |   |                 |   |                      |   | Activities:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 22 |  |   |                 |   |                      |   | Outcomes:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 23 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 24 | Objective:   |   |                 |   |                      |   | Activities:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 25 |  |   |                 |   |                      |   | Outcomes:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 26 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 27 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 28 | Timeframe  |   | Est. Completion |   | Racial/Ethnic Group  |   | <input type="checkbox"/> African Americans/Blacks <input type="checkbox"/> Hispanic/Latinos <input type="checkbox"/> Asian/Pacific Islanders <input type="checkbox"/> American Indians |   |   |   |   |   |   |   |   |   | Projected | Staff Responsible | Budget            |        |
| 29 | Type:  |   | Date:           |   | Target:              |   |  |   |   |   |   |   |   |   |   |   | Timeline  | for Activity      | Allocation        |        |
| 30 | Goal 2:  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 31 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 32 | Objective:   |   |                 |   |                      |   | Activities:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 33 |  |   |                 |   |                      |   | Outcomes:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 34 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 35 | Objective:   |   |                 |   |                      |   | Activities:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 36 |  |   |                 |   |                      |   | Outcomes:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 37 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 38 | Objective:   |   |                 |   |                      |   | Activities:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 39 |  |   |                 |   |                      |   | Outcomes:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 40 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 41 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 42 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 43 | Objective:   |   |                 |   |                      |   | Activities:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 44 |  |   |                 |   |                      |   | Outcomes:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 45 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 46 | Objective:   |   |                 |   |                      |   | Activities:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 47 |  |   |                 |   |                      |   | Outcomes:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 48 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 49 | Objective:   |   |                 |   |                      |   | Activities:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 50 |  |   |                 |   |                      |   | Outcomes:  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 51 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 52 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |
| 53 |  |   |                 |   |                      |   |  |   |   |   |   |   |   |   |   |   |           |                   |                   |        |

## Attachment D: Logic Model Template

**Program:** \_\_\_\_\_ **Logic Model**

**Situation:**

[illegible]

## Attachment E: Sample Gantt Chart

[illegible]

# Attachment F: Sample DHMH Program Budget Form 432 B

## PROGRAM BUDGET

### PROGRAM

ADMINISTRATION:

|                           |  |                 |              |
|---------------------------|--|-----------------|--------------|
| GRANT NUMBER:             | CHA2008MG                                  | DATE SUBMITTED: | 06/XX/2017   |
| CONTRACT PERIOD:          | 07/01/16 -- 06/30/17                       | FISCAL YEAR:    | 2017         |
| ORGANIZATION:             | The Peoples Racial/ethnic Outreach Program | PHONE #:        | 410-555-1212 |
| STREET ADDRESS:           | Any Street                                 |                 |              |
| CITY, STATE, COUNTY:      | Any City, Any State                        | ZIP:            | 21201        |
| PROGRAM TITLE:            | MOTA Grant                                 |                 |              |
| CHARGEABLE SERVICES (Y/N) | DHMH PROVIDES 50% OR MORE OF FUNDING (Y/N) |                 |              |
| FOR DHMH USE ONLY         |  |                 |              |

### OTHER DIRECT FUNDING

| LINE ITEMS MAY NOT BE CHANGED                  | DHMH FUNDING REQUEST | SUPPLEMENTAL FUNDING REDUCTION | FED./STATE LOCAL & GOV'T | ALL OTHER AGENCY | TOTAL OTHER FUNDING | PROGRAM BUDGET |
|--|----------------------|--------------------------------|--------------------------|------------------|---------------------|----------------|
| SALARIES/SPECIAL PAYMENTS                      | 12,000               |                                |                          |                  |                     | 12,000         |
| FRINGE   | 2,400                |                                |                          |                  |                     | 2,400          |
| CONSULTANTS                                    | 2,500                |                                |                          |                  |                     | 2,500          |
| EQUIPMENT                                      | 500                  |                                |                          |                  |                     | 500            |
| PURCHASE OF SERVICE                            | 0                    |                                |                          |                  |                     | 0              |
| RENOVATION                                     | 0                    |                                |                          |                  |                     | 0              |
| REAL PROPERTY PURCHASE                         | 0                    |                                |                          |                  |                     | 0              |
| UTILITIES                                      | 0                    |                                |                          |                  |                     | 0              |
| RENT   | 0                    |                                |                          |                  |                     | 0              |
| FOOD   | 480                  |                                |                          |                  |                     | 480            |
| MEDICINES & DRUGS                              | 0                    |                                |                          |                  |                     | 0              |
| MEDICAL SUPPLIES                               | 0                    |                                |                          |                  |                     | 0              |
| OFFICE SUPPLIES                                | 200                  |                                |                          |                  |                     | 200            |
| TRANSPORTATION/TRAVEL                          | 430                  |                                |                          |                  |                     | 430            |
| HOUSEKEEPING/ MAINTENANCE/REPAIRS              | 0                    |                                |                          |                  |                     | 0              |
| POSTAGE  | 390                  |                                |                          |                  |                     | 390            |
| PRINTING/DUPLICATION                           | 1,000                |                                |                          |                  |                     | 1,000          |
| STAFF DEVELOPMENT/ TRAINING                    | 0                    |                                |                          |                  |                     | 0              |
| TELEPHONE                                      | 100                  |                                |                          |                  |                     | 100            |
| ADVERTISING                                    | 0                    |                                |                          |                  |                     | 0              |
| INSURANCE                                      | 0                    |                                |                          |                  |                     | 0              |
| LEGAL/ACCOUNTING/AUDIT                         | 0                    |                                |                          |                  |                     | 0              |
| PROFESSIONAL DUES                              | 0                    |                                |                          |                  |                     | 0              |
| OTHER (repair phone line) (ATTACH ITEMIZATION) | 0                    |                                |                          |                  |                     | 0              |
| TOTAL DIRECT COSTS                             | 20,000               |                                |                          |                  |                     | 20,000         |
| INDIRECT COST                                  | 0                    |                                |                          |                  |                     | 0              |
| TOTAL COSTS                                    | 20,000               |                                |                          |                  |                     | 20,000         |
| LESS: CLIENT FEES                              |                      |                                |                          |                  |                     | 0              |
| DHMH FUNDING                                   | 20,000               |                                |                          |                  |                     | 20,000         |

DHMH 432B (Rev. Feb. 1997)

# Attachment G: Sample Program Performance Measures; DHMH 432 C Form

## PROGRAM BUDGET ESTIMATED PERFORMANCE MEASURES

PROGRAM ADMINISTRATION: MOTA \_\_\_\_\_ AWARD NUMBER: \_\_\_\_\_  
 FISCAL YEAR: \_\_\_\_\_ CONTRACT PERIOD: \_\_\_\_\_ SUBMITTED: \_\_\_\_\_  
 ORGANIZATION \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PROGRAM TITLE: \_\_\_\_\_

SAMPLE

| PERFORMANCE<br>MEASURE                                 | BUDGET YEAR<br>FY <u>17</u><br>ESTIMATE |
|--|---|
| Number of people referred for ACA enrollment           |   |
| Number of people referred to smoking cessation classes |   |
| Number of people who attended healthy eating workshop  |   |
|  |   |
|  |   |
|  |   |
| SAMPLE   |   |
|  |   |
|  |   |
|  |   |
|  |   |

DHMH 432C (Feb. 1997)



## Attachment H: Sample Program Budget Narrative Justification

### MINORITY OUTREACH AND TECHNICAL ASSISTANCE (MOTA) FY 2017

#### **A. Salaries/Special Payments**

**\$12,000**

Program Director                      Grade 14/3                      .60 FTE

**\$6,000**

Margaret Doe: To direct the Charles County MOTA program; implement and monitor the DHMH approved action plan, supervise employees, guide consultants, manage Purchase-of-Service agreements, manage invoices and all financial procedures, evaluate progress and submit all required program and fiscal reports.

Outreach Worker A                      Grade 7/9                      .40 FTE

**\$4,500**

Vacant: To provide community outreach for African-American populations. Prepares and presents group educational presentations, distributes written information. Responds to inquiries and coordinates community presentations under the direction of the MOTA Program Director

Secretary/Fiscal Officer                      Grade 8/9                      .25 FTE

**\$2,500**

Cindy Doe: To provide administrative support for the MOTA program to include establishing files, maintaining program and fiscal records, and ensuring effective flow of work. Prepares materials and assembles packets, handles and processes electronic correspondence, works with accounting experts, and serves as liaison to the DHMH MOTA program.

#### **B. Fringe Benefits**

**\$2,400**

Calculated at a rate of 20% to include health and dental insurance, life insurance, workers compensation and state unemployment costs. This rate is computed on the total salary amount.

#### **C. Consultants**

**\$2,500**

Consultant fees to cover health educator training of community groups, developing educational materials, convening workgroups and conferences, and accounting technical assistance.

#### **D. Equipment**

**\$500**

1 computer, printer and software

#### **E. Telephone**

**\$100**

To cover cost of two phones used half time for MOTA program.

#### **F. Purchase of Service**

Agreement(s) with community racial/ethnic group(s) to outreach to Native American, Asian, Hispanic and African American populations to recruit their participation in the MHHD.

#### **G. Food**

**\$480**

To cover costs of food provided at four church MOTA programs with about 30 persons in attendance at each; eight youth MOTA workshops with about 20 youth in attendance at each; and six recruitment lunch meetings with racial/ethnic groups and community leaders. Full documentation will be submitted with invoices to the MOTA program. Documentation will be maintained on file for audit.

**H. Office Supplies** **\$200**

Stationery, file folders, desk supplies, hanging files, copy paper, and notebooks.

**I. Postage** **\$390**

500 contact persons x 2 mailings x .39 = \$ 370

Postage for educational mailings and recruitment of minorities

**J. Printing/Duplication** **\$1,000**

1,000 brochures for mailing to community racial/ethnic groups

**K. Travel In-State** **\$430**

15 trips X 50 Miles X 56.5 cent per mile

For Outreach Worker travel to provide community presentations and follow-up

**L. Legal/Accounting/Audit**

To obtain accounting technical assistance to support establishing acceptable business and financial practices, and to advise on financial reporting, invoicing, closeout and audit.

**M. Other**

If any, must be itemized and details given showing how the costs are calculated.

**N. Indirect Costs**

Indirect costs are a component of administrative costs. Administrative costs do not exceed 7% of total MHHD grant and are included in the above line items.

**O. Total Costs** **\$20,000**

This total is the same as DHMH funding because no other funds are being received for services provided under the MOTA grant agreement.

**P. DHMH Funding** **\$20,000**

## Attachment I: Definition and Terms

1. **Minority:** defined within Maryland House Bill 86 as, “African Americans, Hispanics, Asian and Pacific Islanders, and American Indians.”
2. **Local Health Disparities Committee (LHDC):** a MOTA coordinated community health committee that addresses health disparities or chronic disease management within that geographic area.
3. **Meeting:** a gathering of a body of people to address a common issue.
4. **Health Education Materials:** medical or health education approved messages on the improvement of health status.
5. **Health Event:** a social gathering that takes place at a designated time and has a focus on health or a social determinant of health (may include a program, group presentation, health fair, expo, workshop).
6. **Health Presentation:** to provide health information to participants.
  - *Workshop:* a gathering or training session which may be several days in length. It emphasizes problem-solving, hands-on training, and requires the involvement of the participants.
  - *Session:* a meeting or series of connected meetings devoted to a single order of business, program, agenda, or announced purpose.
  - *Individual:* a face-to-face, or individual-to individual conversation on health related matter.
7. **Cultural Competency:** A set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. \*(Source: National Technical Assistance Center for Children’s Mental Health, 1989).
8. **Social Determinants of Health:** The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural societal factors. \*(Source: World Health Organization, 2008).
9. **Capacity Building:** often refers to assistance which is provided to entities, organizations, which have a need to develop a certain skill or competence, or for general upgrading of performance ability.
10. **Technical Assistance:** assistance provided to entities, organizations, which do not have a specified knowledge or understanding of a particular area/expertise.
  - One-on-One:* (Phone or In-Person): to provide guidance on how to implement/use a certain skill or practice.
  - Workshop:* within a group setting provide guidance on the implementation of a skill or practice.
11. **Goal:** consists of a projected state of affairs which a person or a system plans or intends to achieve or bring about —not easily achieved in the immediate future.
12. **Objective:** a set of steps/processes a person takes to achieve a desired goal.
13. **Performance Measure:** a numerical value placed on an **event/activity/task to track its progress.**

14. **Partnership**-under a formal agreement entered into by two or more persons (groups) in which each agrees to produce/furnish a part of and agreed upon outcome/purpose/event.
15. **Consultant**-is someone who provides advice on what the client should do.
16. **Sub grantee**- provides work based off what the grantee wants them to do.

**Attachment J: MOTA Grant Application Checklist** (an editable Checklist can be downloaded from [RFA Website](#))

**Office of Minority Health and Health Disparities (MHHD)  
Minority Outreach and Technical Assistance (MOTA)  
MOTA Grant Application Checklist  
FY 2017**

The Office of Minority Health and Health Disparities (MHHD) accepts only timely and completed applications for consideration of a MOTA grant. Your application will only be accepted if accompanied by all supporting documents. It is your responsibility to ensure that all information is submitted with your application AND by the deadline stated. The checklist provided below is designed as an aid to guide applicants through the application process. Please include a completed copy of your MOTA Grant Application checklist at the beginning of your application. Your application is considered incomplete if it does not include all that is mentioned in the checklist below OR does not include justification for missing documents.

**Organization** \_\_\_\_\_

**County/Political Subdivision** \_\_\_\_\_

**Date of Submission** \_\_\_\_\_

**Is organization name a current MOTA Grantee?** Circle one. **Yes** or **No**

**Did you (applicant) provide the following:** If you chose no, please provide reasons why.

| <b>Application</b>  | <b>Yes/No</b> | <b>Pg #</b> | <b>Comment</b> |
|---|---------------|-------------|----------------|
| Format (page number, font, margins, etc.)   |               |             |                |
| Cover Letter  |               |             |                |
| Executive Summary   |               |             |                |
| Application Narrative   |               |             |                |
| • Problem statement   |               |             |                |
| • Organizational capability   |               |             |                |
| • Goals and objectives  |               |             |                |
| • Program work plan (Work Plan Narrative, Work Plan Template, Logic Model, Gantt Chart) |               |             |                |
| • Outcomes  |               |             |                |
| • Target population   |               |             |                |

|  |  |  |  |
|--|--|--|--|
| • Partnerships   |  |  |  |
| • Project management (including resumes as applicable)   |  |  |  |
| • Evaluation   |  |  |  |
| • Dissemination  |  |  |  |
| • Budget   |  |  |  |
| <b>Eligibility Information &amp; Supporting Documentation</b>  |  |  |  |
| IRS non-profit determination   |  |  |  |
| IRS 990  |  |  |  |
| Financial Statement  |  |  |  |
| Most recent audit (if your organization received public funds over \$100,000 annually in the last three years) |  |  |  |
| Letter of Good Standing  |  |  |  |
| Requested Budget (DHMH HSAM Forms)   |  |  |  |
| • Forms DHMH432A - H {signed}  |  |  |  |
| • Form DHMH433 {signed}  |  |  |  |
| • Forms DHMH434 {signed}   |  |  |  |
| Budget Justification Narrative   |  |  |  |
| Letters of Commitment  |  |  |  |
| Health Department Support Letter   |  |  |  |

|                                      |     |    |
|--------------------------------------|-----|----|
| Submitted an electronic copy to MHHD | Yes | No |
| Is your application signed?          | Yes | No |

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date